

## NOTICE OF TRANSFER OF OWNER/OPERATOR

For Authorization to Discharge Stormwater Runoff from Construction Activity
In accordance with Kansas Water Pollution Control General Permit No. S-MCST-0312-1
Under the National Pollutant Discharge Elimination System

Use this form only when stormwater discharge and control responsibility for the entire permitted area will be transferred to a new owner/operator. Partial permitted area transfers and individual lots need to utilize procedures in paragraphs 8.2 and 8.3 of the NPDES general permit. Submission of the Notice of Transfer of Owner/Operator (NOTO) constitutes notice that the new permittee, or an authorized representative, requests authorization for coverage under the Kansas Water Pollution Control general permit, or KDHE issued successor permits, issued for discharge of Stormwater Runoff from Construction Activities in the State of Kansas. Completion of this NOTO does not provide automatic coverage under the general permit to the new permittee. Coverage is provided and discharge permitted when the Kansas Department of Health and Environment (KDHE) authorizes the transfer. TO CONTINUE COVERAGE, THE NEW PERMITTEE MUST ASSUME THE RESPONSIBILITY TO PAY THE ANNUAL PERMIT FEE AND CONTINUE TO IMPLEMENT THE STORMWATER POLLUTION PREVENTION PLAN DEVELOPED FOR THE PERMITTED AREA.

Submission of this NOTO to KDHE does not relinquish the current permittee's authorization to discharge stormwater runoff from construction activity at the site described herein. Completion of this NOTO does not automatically relieve the current permittee of any civil, criminal and/or administrative penalties. To be considered complete, the NOTO must be signed by the current permittee or a duly authorized representative of the current permittee, and must include the permit number assigned to the construction site. KDHE will notify any new permittee whose NOTO is incomplete, deficient or denied.

| TO BE COMPLETED BY THE I hereby accept transfer of the N of the general permit and the Streeffective when KDHE authorized.  The NEW permittee is: | PDES general perrormwater Pollution | nit, which was issu  | ed to<br>d accept full responsibility, o | I have revictoverage, and lia | ewed the terms and conditions<br>bility. This transfer will be |
|---|-------------------------------------|----------------------|--|-------------------------------|--|
| Owner or Operator's Name:   |                                     |                      | _ Contact Name:                          |                               |  |
| Company Name:   |                                     |                      |  |                               |  |
| Owner or Operator's Phone:  |                                     |                      |  |                               |  |
| Mailing Address:  |                                     |                      |  |                               |  |
| City:   | State:                              | _ Zip Code:          | City:                                    | State:                        | Zip Code:  |
| I certify that I have personally e  | xamined and am fa                   | miliar with the info | ormation described herein.               |                               |  |
| New Permittee's Signature:  |                                     |                      | Date:                                    |                               |  |
| Name (typed or printed):  |                                     |                      | Title:                                   |                               |  |
| TO BE COMPLETED BY THE As previous permittee, I hereby responsibilities is effective when   | agree to the transfe                | er of the permit and | all responsibilities thereof.            | I understand that             | the transfer of permit   |
| Name of Project:  |                                     |                      |  |                               |  |
| Address:  |                                     | City:                | County:                                  | State: KS                     | Zip Code:  |
| Kansas Permit No.   |                                     |                      | Federal Permit No                        |                               |  |
| Permittee Signature:  |                                     |                      |  | Date                          | e:   |
| Permittee Name:   |                                     | Title: _             |  | _ Phone Numbe                 | er:  |
|   |                                     |                      |  |                               |  |

Kansas Department of Health and Environment Bureau of Water, Industrial Programs Section 1000 SW Jackson, Suite 420 Topeka, KS 66612 - 1367

| Authorized: | □ Y; □ N |
|-------------|----------|
|             |          |
| Reviewer    | Date     |